PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART I

Application or Docket Number

OSTEONICS 3.0-32

RATE FEE FEE RATE FEE	(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
FOR	TOTAL CLAIMS			32				1	RATE	FEE) 		
NOTAL NOTA	FOR					NUMBER EXTRA					OR		740.00
### ADDITIONAL FEE AD	TOTAL CHARGEABLE CLAIMS			3 minus 20=					X\$ 9=		OR	X\$18=	234
* If the difference in column 1 is less than zero, enter "0" in column 2 * If the difference in column 1 is less than zero, enter "0" in column 2 * If the difference in column 1 is less than zero, enter "0" in column 2 * CLAIMS AS AMENDED - PART II (Column 1)						* P			X42=		OR	X84=	
CLAIMS AS AMENDED - PART II	MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
Column 1 Column 2 Column 3 SMALL ENTITY OR SMALL ENTITY	* If the difference in column 1 is less than zero, ente					r "0" in c	olumn 2	ı	TOTAL		OR	TOTAL	974
CLAIMS REMAINING AFTER PREVIOUSLY	CLAIMS AS AMENDED - PART II											OTHER	THAN
REMAINING PREVIOUSLY PRESENT RATE TIONAL FEE									SMALL	ENTITY	OR.	SMALL	ENTITY
TOTAL OR +280= OR +280= OR ADDIT. FEE OR ADDIT.	ENT A		REMAINING AFTER		NUM PREVI	BER OUSLY			RATE	TIONAL		RATE	ADDI- TIONAL FEE
TOTAL OR +280= OR +280= OR ADDIT. FEE OR ADDIT.	AMENDM	ļ	*	Minus	**		=		X\$ 9=		OR	X\$18=	•
1140							=		X42=		OR	X84=	
Column 1)	_	FINOT FRESE	NATION OF W	OLITE DEF	CINDEIN	CLAIIVI			+140=.		OR	+280=	
Column 1)											OR		
RATE ADDI- RATE TIONAL FEE	(Column 1) (Column 2) (Column 2)								ADDII. FEE			ADDII. FEE	
AFTER AMENDMENT Total ** **Independent ** ** ** ** ** ** ** ** ** **	-		CLAIMS		HIGH	HEST IBER OUSLY	(Column 3)	1 1		ADDL	1	1	ADDI
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	AMENDMENT E		AFTER		PREVI		1		RATE	TIONAL		RATE	TIONAL
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			*	Minus	**		=		X\$ 9=		OR	X\$18=	
+140=			<u></u>		CL AIM	=		X42=		OR	X84=		
(Column 1) (Column 2) (Column 3) CLAIMS REMAINING AFTER AFTER AMENDMENT Total * Minus *** Independent * Minus *** ADDIT. FEE		FINOT PRESE	NIAHON OF MIC		ENDEN	CLAIIVI		ا '	+140=		OR	+280=	,
CLAIMS REMAINING AFTER AMENDMENT Total * Minus *** Minus Minus				·				,			OR		
REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR PREVIOUSLY PAID FOR PREVIOUSLY PAID FOR PREVIOUSLY PAID FOR PAID FOR PREVIOUSLY PAID FOR PRESENT EXTRA PREVIOUSLY PAID FOR PAID FOR PREVIOUSLY PAID FOR PA					_(Colu	mn 2)	(Column 3)						
Total	AMENDMENT C		REMAINING AFTER		NUM PREVI	IBER OUSLY			RATE	TIONAL		RATE	ADDI- TIONAL FEE
Independent * Minus ***		Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					·				X42=			X84=	
		FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OK		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.	*	if the entry in colu	nn 1 is lose than t	ne entry in colu	mn O weit	o "O" in co	lumo 3				OR		
** If the entry in column 1 is less than the entry in column 2, write 'o' in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													